PROTOTYPE CIVIL RIGHTS

COMPLAINT FORM - VERBAL COMPLAINTS

1.	Complainant:
	Name:
	Address:
-	Telephone Number
	(or other means of contacting the complainant)
	Recipient delivering service or benefit:
	Name:
	Location:
	Cause of complaint:
	Describe the nature of the incident for action that led the complainant to feel discrimination was a factor, and an example of the method of administration which is having a disparate effect on the public, potential participants, or participants:
4.	Basis on which the complainant feels discrimination exists (race, color, national origin, age, sex, or disability).
	Persons who may have knowledge of the discriminatory action:
	Name:
	Title:
	Business Address:
6.	Dates the alleged discriminatory actions occurred, or if continuing, the durations of such actions: